

Politics Distorts Facts on Impact of Abortion Coverage

Earlier this year, the Guttmacher Institute published a series of comprehensive literature reviews assessing the impact of three of the most prominent federal and state policies aimed at restricting access to abortion. A team of researchers from Guttmacher, Baruch College and the Graduate Center of the City University of New York, and Ibis Reproductive Health found that state laws requiring parental involvement in a minor's abortion or mandating state-scripted counseling and a waiting period may delay abortions (thereby making them more expensive and dangerous) but, by and large, do not have a substantial impact on actually preventing them from occurring. (Laws requiring a waiting period following *in-person* counseling, which by definition necessitate two separate visits to the facility, are a possible exception.) In sharp contrast, the researchers found that the ban on federal Medicaid coverage of abortions for poor women—commonly known as the Hyde amendment—does have considerable impact: One in four women who would have an abortion if it were paid for by the government instead continue the pregnancy to term.

If the ban on public funding denies women access to abortion, it should go without saying that restoring public funding would have the opposite effect. The extent of an increase in abortions if the Hyde amendment were to be repealed, however, may not be so obvious. Antiabortion advocates contend that if the Hyde amendment results in a 25% reduction in the number of women on Medicaid who

obtain an abortion, its repeal would result in a 25% increase—which they imply would have a significant impact on the U.S. abortion rate. Neither of these contentions is true. In fact, an unpublished study by Guttmacher researchers estimated that if subsidized abortions were to become available in those states in which they are not currently available, there would be a 28% rise in the number of abortions among Medicaid-enrolled women in this group of states. Still, that would translate to only a 5% increase in the total number of abortions in these states, because relatively few women in any given state are actually enrolled in Medicaid. And because many of the most populous states (such as New York and California) already use their own money to pay for abortion services for poor women, the national impact of repealing the Hyde amendment would be even smaller: The number of abortions among Medicaid-eligible women nationwide would be expected to increase by approximately 33,000, a figure that would represent an increase in the number of abortions nationwide of only 2.5%.

This analysis would be relevant if there were an active debate in Congress about repealing the Hyde amendment. Unfortunately, that is not the case. Rather, the current debate is around health care reform, specifically over the question of whether health insurance plans will continue to be able to cover abortion services. (There is no serious chance that private insurance plans will be actually required to cover abortion.) Some abortion opponents have claimed that

continuing to allow private plans to cover abortion, as most do now, somehow would lead to an increase in the number of abortions in the United States of 300,000 (25% of the current 1.2 million each year). Their numbers and their policy conclusions could not be more wrong. Even taking into account the fact that more women at risk of unintended pregnancy than is now the case would have health insurance if reform succeeds, some of these women would be enrolled in an expanded Medicaid that would not pay for abortion. Others are higher-income women for whom their current lack of coverage is not nearly the impediment as it is for poor women. Therefore, the availability of coverage, while important at the individual level, cannot be expected to increase the overall numbers of abortions more than nominally—if at all.

Antiabortion leaders, meanwhile, are taking another giant rhetorical leap when they misuse the Guttmacher data to take President Obama to task for violating his supposed pledge to reduce the number of abortions in the country. In fact, the president has been careful to *not* say that he supports reducing abortions by any and all means. Rather, his pledge was to reduce unintended pregnancies and the *need* for abortion. And that is why he is advocating for evidence-based sex education and increased access to family planning services, thereby giving women the information and the means to do just that.

—Susan A. Cohen